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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/597,598	08/01/2006	Stefan Tobolka	93179-19	3662
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438 UNIVERS	ITY AVENUE		SELLS, JAMES D	
SUITE 1500 BO TORONTO, ON	=		ART UNIT	PAPER NUMBER
CANADA			1791	
			MAIL DATE	DELIVERY MODE
			12/24/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsious Cummons	10/597,598	TOBOLKA, STEFAN	
Interview Summary	Examiner	Art Unit	
	James Sells	1791	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>James Sells</u> .	(3)		
(2) <u>Stefan Tobolka (inventor)</u> .	(4)		
Date of Interview: <u>16 December 2008</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>1-19,21 and 22</u> .			
Identification of prior art discussed: Wilcox (USP 5,403,427	<u>'), Sharps (USP 4,872,942)</u> .		
Agreement with respect to the claims f) was reached. g)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>See attached sheet</u> .	nature of what was agreed to	if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/James Sells/			

Application No.

Applicant(s)